

**AREA MANAGEMENT EVALUATION**  
**EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

AREA	DIVISION	NUMBER
Dunsmuir Grade IF	Northern	147
EVALUATED BY	DATE	
B. Duncan, Sgt. #10709	09/16/2009	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION		SUSPENSE DATE	
<input type="checkbox"/> Formal Evaluation	<input checked="" type="checkbox"/> Informal Evaluation	10/10/2009	
FOLLOW-UP REQUIRED		COMMANDER'S REVIEW	DATE
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report	J. Lee, Lt. #9603	09/16/2009
BY			

**1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING**

EVALUATED	ACTION REQUIRED	CORRECTED
09/16/2009	N/A	

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment? Verbal and written request through Division.

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

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(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms. <i>N/A</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(h) Civil unrest.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies. <i>(15 VOLCANIC ERUPTION)</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. TRAINING</b>	<b>EVALUATED</b> 09/16/2009	<b>ACTION REQUIRED</b> N/A
a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

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(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. RELATIONSHIPS WITH ALLIED AGENCIES</b>	EVALUATED 09/16/2009	ACTION REQUIRED N/A
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. REPORTING PROCEDURES</b>	EVALUATED 09/16/2009	ACTION REQUIRED N/A
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? ☒ Yes ☐ No

(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? ☒ Yes ☐ No

(a) Are Hazardous material incident reports (CHP 407E) prepared? ☒ Yes ☐ No

(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? ☒ Yes ☐ No

**5. EMERGENCY INCIDENT RESPONSES**

EVALUATED  
09/16/2009

ACTION REQUIRED  
N/A

CORRECTED

a. List problems Area experienced in exercising EIM. Lack of vehicles to transport personnel, even with combining multiple personnel in same vehicle(s).

(1) Has follow-up investigation been conducted to prevent recurrences of problems? N/A ☐ Yes ☒ No

(a) Is the investigation forwarded through the chain-of-command? N/A ☐ Yes ☐ No

(b) Are problems corrected and appropriate changes made to Area plans? N/A ☐ Yes ☐ No

(c) Are corrected actions taken, documented, and forwarded through the chain-of-command? N/A ☐ Yes ☐ No

(2) Have there been repeated problems with specific individuals or agencies? N/A ☐ Yes ☒ No

(a) Has the Area commander made reasonable efforts to resolve the issues? N/A ☐ Yes ☐ No

(b) If not resolved, has the Division chief been notified as required? N/A ☐ Yes ☐ No

APPROVED BY:

DATE: 9-21-09

**AREA MANAGEMENT EVALUATION**

**EMERGENCY INCIDENT MANAGEMENT PLANNING**

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AREA Susanville/140	DIVISION Northern/101	NUMBER ✓
EVALUATED BY Sgt. L. Olveda		DATE 10/04/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE OCT 10, 2009
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY	COMMANDER'S REVIEW [Signature] ALC DATE 10/06/09

**1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING**

EVALUATED X	ACTION REQUIRED	CORRECTED
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a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment?

Requisition process, maintain current on-hand supply

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

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(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Civil unrest.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. TRAINING</b>	EVALUATED X	ACTION REQUIRED CORRECTED
a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

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(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>3. RELATIONSHIPS WITH ALLIED AGENCIES</b>	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED <input type="checkbox"/>
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. REPORTING PROCEDURES</b>	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED <input type="checkbox"/>
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. EMERGENCY INCIDENT RESPONSES</b>	<b>EVALUATED</b> X	<b>ACTION REQUIRED</b>
		<b>CORRECTED</b>

a. List problems Area experienced in exercising EIM. Prolonged response times due to harsh inclement weather (snow, icy conditions)

which causes extremely harsh road conditions in an overall large geographical rural area.

(1) Has follow-up investigation been conducted to prevent recurrences of problems?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the investigation forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are problems corrected and appropriate changes made to Area plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are corrected actions taken, documented, and forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Has the Area commander made reasonable efforts to resolve the issues?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If not resolved, has the Division chief been notified as required?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No



## AREA MANAGEMENT EVALUATION

## EMERGENCY INCIDENT MANAGEMENT PLANNING

CHP 453R (Rev. 6-06) OPI 009

AREA	DIVISION	NUMBER
ALTURAS (170)	NORTHERN	170-03-09
EVALUATED BY	DATE	
T. DUNN	09/29/2009	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW  LT. M. P. MORIARITY	DATE  10/08/2009
BY _____			

1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING	EVALUATED	ACTION REQUIRED	CORRECTED
	YES	NO	N/A

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes    ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes    ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes    ☐ No

(b) Public safety agencies. ☒ Yes    ☐ No

(c) Emergency service providers. ☒ Yes    ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes    ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes    ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes    ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes    ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes    ☐ No

(1) Do plans include command-specific information? ☒ Yes    ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes    ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes    ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes    ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes    ☐ No

(d) What methods are used for acquiring necessary supplies and equipment? ALTURAS AREA USES THE APPROVED

PURCHASE AND REQUISITION PROCESSES INCLUDING "X" NUMBERS, CAL-CARD, AND PETTY CASH.

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes    ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes    ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes    ☐ No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(h) Civil unrest.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. TRAINING</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>
	<b>YES</b>	<b>NO</b>
a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**EMERGENCY INCIDENT MANAGEMENT PLANNING**  
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(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. RELATIONSHIPS WITH ALLIED AGENCIES</b>	<b>EVALUATED</b> YES	<b>ACTION REQUIRED</b> NO
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. REPORTING PROCEDURES</b>	<b>EVALUATED</b> YES	<b>ACTION REQUIRED</b> NO
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

<b>5. EMERGENCY INCIDENT RESPONSES</b>	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
--	------------------	-----------------------	-----------

a. List problems Area experienced in exercising EIM. There have very been minor problems with radio communication in the past. Each

Alturas Area uniformed employee was recently assigned a hand held radio to facilitate direct allied agency communication.


(1) Has follow-up investigation been conducted to prevent recurrences of problems?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the investigation forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are problems corrected and appropriate changes made to Area plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are corrected actions taken, documented, and forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Has the Area commander made reasonable efforts to resolve the issues?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If not resolved, has the Division chief been notified as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

The Alturas Area has an outstanding working relationship with allied agencies. Area personnel actively participate in several mock emergency incidents each year involving various health, fire, and law enforcement agencies. Training is conducted and documented as required. Required reports are also completed and submitted in accordance with established policy and procedures.

**AREA MANAGEMENT EVALUATION**  
**EMERGENCY INCIDENT MANAGEMENT PLANNING**  
CHP 453R (Rev. 6-06) OPI 009

AREA Clear Lake	DIVISION Northern	NUMBER 151
EVALUATED BY Sergeant S.M. Moorhouse, #15269		DATE 09/28/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE 09/30/2009	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW 	
<input type="checkbox"/> Correction Report BY _____		DATE 9-29-09	
<b>1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING</b>		EVALUATED Yes	ACTION REQUIRED No

- |  |   |
|--|---|
| a. Are Area employees familiar with various departmental publications which provide for EIM planning?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Is this philosophy conveyed to:  |   |
| (a) Subordinates.  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Public safety agencies.  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Emergency service providers.   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Is an employee assigned to develop and routinely update EIM plans?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Is the employee familiar with local resources and conditions?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Is input obtained from uniformed and nonuniformed personnel?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Is there adequate liaison with emergency response and support agencies?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Have emergency incident plans been evaluated?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Do plans include command-specific information?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Do plans contain a clear statement of their purpose and objectives?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Is there an assignment of responsibility commensurate with appropriate authority?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Are there checklists to assist in implementing the plans?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Is there a method for notifying off-duty personnel?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) What methods are used for acquiring necessary supplies and equipment? Through Departmental channels and local business merchants.  |   |
| (3) Do the plans refer to ICS and CHP and/or command-specific forms?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) Are there plans for hazard-specific incidents?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(h) Civil unrest.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. TRAINING</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

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(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. RELATIONSHIPS WITH ALLIED AGENCIES</b>	EVALUATED Yes	ACTION REQUIRED No
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. REPORTING PROCEDURES</b>	EVALUATED Yes	ACTION REQUIRED No
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Destroy Previous Editions

STATE OF CALIFORNIA  
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(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. EMERGENCY INCIDENT RESPONSES</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
		<b>CORRECTED</b> No

a. List problems Area experienced in exercising EIM. There are several radio dead spots within the county. This has repeatedly been addressed with Department radio technicians.

(1) Has follow-up investigation been conducted to prevent recurrences of problems?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the investigation forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are problems corrected and appropriate changes made to Area plans?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Are corrected actions taken, documented, and forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Has the Area commander made reasonable efforts to resolve the issues?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If not resolved, has the Division chief been notified as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

The radio dead spots issue is not exclusive to the Clear Lake Area. In fact, most CHP offices located in rural areas with rough terrain experience the same issues. Area will continue to work with DGS and IMD, in an effort to ensure everything that can be done is being done to improve radio communications.



**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 1 of 3

Command: Clear Lake	Division: Northern	Chapter: 16
Inspected by: Sergeant S.M. Moorhouse, #15269		Date: 09/28/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  8	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Division  Due Date: 10/10/09		
Chapter Inspection: HPG 22.1, CHAPTER 16			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:
--

None.

Inspector's Findings:
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1. EMERGENCY INCIDENT MANAGEMENT PLANNING

EIM checklists contained within HPM 50.3, Emergency Response Guide, are maintained within the Area's Emergency Operations Planning (EOP) manual. Copies of the manual are maintained in readily accessible locations in the commander's office, the sergeants' office, and in the clerical office. Both uniformed and non-uniformed employees are required to review revisions annually.

2. TRAINING

All Area personnel receive on going local, Area and Departmental related training during briefings and training days. Personnel are updated on all State Warning Center Intelligence bulletins. Training consisted of reviewing pertinent policy and procedures contained within HPM 50.3, 50.5, the EAP, EOP, and EIM.

3. RELATIONSHIPS WITH ALLIED AGENCIES:

Area management and supervision continues to maintain a close relationship with allied agencies within the county. The commander meets regularly with all law enforcement heads in the county at the Chief's Meeting. In this forum, emergency and disaster preparedness issues are routinely addressed. All emergency responses have been in accordance with HPM 50.1, *Emergency Incident Planning Manual*; HPM 50.3, *Emergency Incident Management Planning and Operations Manual* and HPM 100.67, *Law Enforcement Assistance and Inter-jurisdictional Operations Manual*.

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

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Command: Clear Lake	Division: Northern	Chapter: 16
Inspected by: Sergeant S.M. Moorhouse, #15269		Date: 09/28/09

4. REPORTING PROCEDURES:

Random CHP 407E's and Proposition 65 letters were pulled from files and found to contain all required elements. All other reporting procedures appear to comply with policy.

5. EMERGENCY INCIDENT RESPONSES:

All emergency incident responses follow Departmental protocol and policy.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

The following comments have been added to Section 5 of the Emergency Incident Management Planning form (CHP 453R): The radio dead spots issue is not exclusive to the Lake County Area. In fact, most CHP offices located in rural areas with rough terrain experience the same issues. Area will continue to work with DGS and IMD, in an effort to ensure everything that can be done is being done to improve the radio communications.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 3 of 3

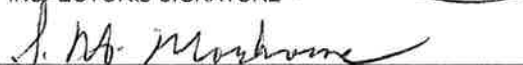
Command: Clear Lake	Division: Northern	Chapter: 16
Inspected by: Sergeant S.M. Moorhouse, #15269		Date: 09/28/09

Required Action

Corrective Action Plan/Timeline

5. EMERGENCY INCIDENT RESPONSES

a.(1)(b)(c) The only critical on-going problem is the lack of radio relay and communications through-out several rural and outlying areas of the county. Radio technicians are aware of this issue and the Department is currently in the process of phasing in new radios and repeaters statewide.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9-29-09
	INSPECTOR'S SIGNATURE 	DATE 10-5-09
<input type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE 	DATE 10-5-09
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur		

## Memorandum

Date: September 15, 2009

To: Northern Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Humboldt Area

File No.: 125.11879.11879

Subject: CHAPTER 16, EMERGENCY INCIDENT MANAGEMENT PLANNING

Attached is Humboldt Area's Chapter 16 Inspection conducted by Officer Martin Abshire. If you should have any questions or concerns, please contact me at (707) 822-5981.

  
D. A. CANNON, Captain  
Commander

Attachments

cc: Area File

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Command: Humboldt	Division: Northern	Chapter: 16
Inspected by: M. Abshire, Officer, 13635		Date: 8-10-09

Page 1 of 2

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level	Total hours expended on the inspection:  24	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Northern Division  Due Date: 10-15-2009	

Chapter Inspection: Emergency Incident Management Planning

Inspector's Comments Regarding Innovative Practices:

Humboldt's Area Commander is a member of the Law Enforcement Chief's Association of Humboldt (LECAH). Relationships between other emergency incident management agencies are bolstered as a result of his membership.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

Humboldt Area's Emergency Action Plan and Emergency Operations Plan contain both general, and command specific plans of action.

Humboldt Area has added a 72-hour self-sufficient operation plan to the Emergency Action Plan and Emergency Operations Plan.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

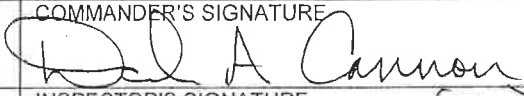

None.

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: Humboldt	Division: Northern	Chapter: 16
Inspected by: M. Abshire, Officer, 13635		Date: 8-10-09

Required Action
Corrective Action Plan/Timeline
No corrective action is necessary.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/16/09
	INSPECTOR'S SIGNATURE  (Fair)	DATE 9/16/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

AREA Humboldt Area	DIVISION Northern Division	NUMBER 125
EVALUATED BY M. Abshire, # 13635		DATE 08/10/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY <i>[Signature]</i>	COMMANDER'S REVIEW <i>[Signature]</i>
		DATE 9/14/09	
1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING		EVALUATED M. Abshire	ACTION REQUIRED Yes CORRECTED 9/14/09

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment?

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Civil unrest.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(7) Does the need for each plan still exist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. TRAINING</b>	<b>EVALUATED</b> M. Abshire	<b>ACTION REQUIRED</b> Yes
a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**EMERGENCY INCIDENT MANAGEMENT PLANNING**  
CHP 453R (Rev. 6-06) OPI 009

(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. RELATIONSHIPS WITH ALLIED AGENCIES</b>	EVALUATED M. Abshire	ACTION REQUIRED No
		CORRECTED N/A
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. REPORTING PROCEDURES</b>	EVALUATED M. Abshire	ACTION REQUIRED No
		CORRECTED N/A
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**5. EMERGENCY INCIDENT RESPONSES**

EVALUATED

M. Abshire

ACTION REQUIRED

No

CORRECTED

N/A

a. List problems Area experienced in exercising EIM. Humboldt Area has had no problems exercising EIM.

(1) Has follow-up investigation been conducted to prevent recurrences of problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the investigation forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are problems corrected and appropriate changes made to Area plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are corrected actions taken, documented, and forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has the Area commander made reasonable efforts to resolve the issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If not resolved, has the Division chief been notified as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1.

d. (6) d- Area does not have a 72 hour self-sufficient operation annex in the Area EOP or EAP. Sergeant D. Tupen will add a 72 hour self-sufficient operation plan annex to the Humboldt Area Emergency Operations Manual.

2.

c. (2) - Public safety agencies have not attended Area training days to discuss their roles in emergency incident management. Humboldt Area Sergeant D. Kyle will invite public safety agencies to future Area training days.

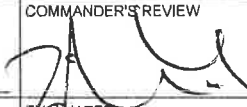
3.

b. (1) - The Humboldt Area Commander attends monthly Law Enforcement Chief's Association of Humboldt (LECAH) meetings to discuss law enforcement issues with allied agencies in the area. Humboldt Area Sergeants are not members of emergency-related committees, organizations or councils. However, sergeants regularly attend emergency preparedness exercises and attend meetings with local allied agencies to conduct mutual aid training.

**AREA MANAGEMENT EVALUATION**  
**EMERGENCY INCIDENT MANAGEMENT PLANNING**  
CHP 453R (Rev. 6-06) OPI 009

AREA	DIVISION 101	NUMBER 16
EVALUATED BY Officer, A. Erickson, #15823		DATE 09/10/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 	DATE 9/14/09
BY		EVALUATED X	ACTION REQUIRED
		CORRECTED	

**1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING**

a. Are Area employees familiar with various departmental publications which provide for EIM planning?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Is this philosophy conveyed to:	
(a) Subordinates.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(b) Public safety agencies.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(c) Emergency service providers.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Is an employee assigned to develop and routinely update EIM plans?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Is the employee familiar with local resources and conditions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is input obtained from uniformed and nonuniformed personnel?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is there adequate liaison with emergency response and support agencies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Have emergency incident plans been evaluated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Do plans include command-specific information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Do plans contain a clear statement of their purpose and objectives?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) Is there an assignment of responsibility commensurate with appropriate authority?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(b) Are there checklists to assist in implementing the plans?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(c) Is there a method for notifying off-duty personnel?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(d) What methods are used for acquiring necessary supplies and equipment? In the event of an emergency incident and upon establishing an Incident Commander (IC), the IC will assign a Logistics OIC, responsible for the procurement of supplies and equipment using CHP 703B. Depending on the scale of the incident the Emergency Resource Center may also be activated.	
(3) Do the plans refer to ICS and CHP and/or command-specific forms?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are there plans for hazard-specific incidents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Civil unrest.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. TRAINING</b>	EVALUATED X	ACTION REQUIRED
a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Destroy Previous Editions

## AREA MANAGEMENT EVALUATION

### EMERGENCY INCIDENT MANAGEMENT PLANNING

CHP 453R (Rev. 6-06) OPI 009

(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. RELATIONSHIPS WITH ALLIED AGENCIES</b>	EVALUATED X	ACTION REQUIRED CORRECTED
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. REPORTING PROCEDURES</b>	EVALUATED X	ACTION REQUIRED CORRECTED
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

<b>5. EMERGENCY INCIDENT RESPONSES</b>	EVALUATED	ACTION REQUIRED	CORRECTED
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a. List problems Area experienced in exercising EIM. None

(1) Has follow-up investigation been conducted to prevent recurrences of problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the investigation forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are problems corrected and appropriate changes made to Area plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are corrected actions taken, documented, and forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Has the Area commander made reasonable efforts to resolve the issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If not resolved, has the Division chief been notified as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: Northern Division	Division: 101	Chapter: 16
Inspected by: A. Erickson		Date: 9/10/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level  <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 3	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:  Due Date: 9/24/2009		
Chapter Inspection: 16			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:
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Inspector's Findings:
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There were no discrepancies noted.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--




Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)
---

**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 2 of 2

Command: Northern Division	Division: 101	Chapter: 16
Inspected by: A. Erickson		Date: 9/10/2009

Required Action
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 10-9-09
	INSPECTOR'S SIGNATURE 	DATE 9-10-09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 9/10/09



**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Page 1 of 3

Command: Clear Lake	Division: Northern	Chapter: 16
Inspected by: Sergeant S.M. Moorhouse, #15269		Date: 09/28/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  8	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Division  Due Date: 10/10/09		
Chapter Inspection: HPG 22.1, CHAPTER 16			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:
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None.

Inspector's Findings:
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1. EMERGENCY INCIDENT MANAGEMENT PLANNING

EIM checklists contained within HPM 50.3, Emergency Response Guide, are maintained within the Area's Emergency Operations Planning (EOP) manual. Copies of the manual are maintained in readily accessible locations in the commander's office, the sergeants' office, and in the clerical office. Both uniformed and non-uniformed employees are required to review revisions annually.

2. TRAINING

All Area personnel receive on going local, Area and Departmental related training during briefings and training days. Personnel are updated on all State Warning Center Intelligence bulletins. Training consisted of reviewing pertinent policy and procedures contained within HPM 50.3, 50.5, the EAP, EOP, and EIM.

3. RELATIONSHIPS WITH ALLIED AGENCIES:

Area management and supervision continues to maintain a close relationship with allied agencies within the county. The commander meets regularly with all law enforcement heads in the county at the Chief's Meeting. In this forum, emergency and disaster preparedness issues are routinely addressed. All emergency responses have been in accordance with HPM 50.1, *Emergency Incident Planning Manual*; HPM 50.3, *Emergency Incident Management Planning and Operations Manual* and HPM 100.67, *Law Enforcement Assistance and Inter-jurisdictional Operations Manual*.

**COMMAND INSPECTION PROGRAM  
EXCEPTIONS DOCUMENT**

Page 2 of 3

Command: Clear Lake	Division: Northern	Chapter: 16
Inspected by: Sergeant S.M. Moorhouse, #15269		Date: 09/28/09

4. REPORTING PROCEDURES:

Random CHP 407E's and Proposition 65 letters were pulled from files and found to contain all required elements. All other reporting procedures appear to comply with policy.

5. EMERGENCY INCIDENT RESPONSES:

All emergency incident responses follow Departmental protocol and policy.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

The following comments have been added to Section 5 of the Emergency Incident Management Planning form (CHP 453R): The radio dead spots issue is not exclusive to the Lake County Area. In fact, most CHP offices located in rural areas with rough terrain experience the same issues. Area will continue to work with DGS and IMD, in an effort to ensure everything that can be done is being done to improve the radio communications.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**


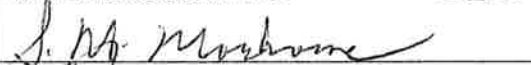
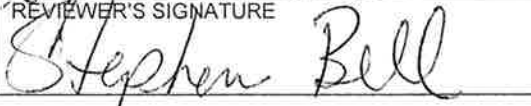
Page 3 of 3

Command: Clear Lake	Division: Northern	Chapter: 16
Inspected by: Sergeant S.M. Moorhouse, #15269		Date: 09/28/09

Required Action
Corrective Action Plan/Timeline

5. EMERGENCY INCIDENT RESPONSES

a.(1)(b)(c) The only critical on-going problem is the lack of radio relay and communications through-out several rural and outlying areas of the county. Radio technicians are aware of this issue and the Department is currently in the process of phasing in new radios and repeaters statewide.


<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9-29-09
	INSPECTOR'S SIGNATURE 	DATE 10-5-09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 10-5-09

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

AREA Clear Lake	DIVISION Northern	NUMBER 151
EVALUATED BY Sergeant S.M. Moorhouse, #15269		DATE 09/28/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE 09/30/2009	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		CORRECTION REPORT <input type="checkbox"/> Correction Report	
BY _____		COMMANDER'S REVIEW 	
		DATE 9-29-09	
<b>1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING</b>		EVALUATED Yes	ACTION REQUIRED No

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment? Through Departmental channels and local business merchants.

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**EMERGENCY INCIDENT MANAGEMENT PLANNING**  
CHP 453R (Rev. 6-06) OPI 009

(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(h) Civil unrest.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. TRAINING</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**EMERGENCY INCIDENT MANAGEMENT PLANNING**  
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(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. RELATIONSHIPS WITH ALLIED AGENCIES</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. REPORTING PROCEDURES</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. EMERGENCY INCIDENT RESPONSES</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
		<b>CORRECTED</b> No

a. List problems Area experienced in exercising EIM. There are several radio dead spots within the county. This has repeatedly been addressed with Department radio technicians.

(1) Has follow-up investigation been conducted to prevent recurrences of problems?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the investigation forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are problems corrected and appropriate changes made to Area plans?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Are corrected actions taken, documented, and forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Has the Area commander made reasonable efforts to resolve the issues?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If not resolved, has the Division chief been notified as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

The radio dead spots issue is not exclusive to the Clear Lake Area. In fact, most CHP offices located in rural areas with rough terrain experience the same issues. Area will continue to work with DGS and IMD, in an effort to ensure everything that can be done is being done to improve radio communications.

AREA <b>ALTURAS (170)</b>	DIVISION <b>NORTHERN</b>	NUMBER <b>170-03-09</b>
EVALUATED BY <b>T. DUNN</b>		DATE <b>09/29/2009</b>

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW <b>LT. M. P. MORIARITY</b>	DATE <b>10/08/2009</b>
BY			

<b>1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING</b>	EVALUATED <b>YES</b>	ACTION REQUIRED <b>NO</b>	CORRECTED <b>N/A</b>
--	-------------------------	------------------------------	-------------------------

a. Are Area employees familiar with various departmental publications which provide for EIM planning?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Is this philosophy conveyed to:	
(a) Subordinates.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(b) Public safety agencies.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(c) Emergency service providers.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Is an employee assigned to develop and routinely update EIM plans?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Is the employee familiar with local resources and conditions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is input obtained from uniformed and nonuniformed personnel?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is there adequate liaison with emergency response and support agencies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Have emergency incident plans been evaluated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Do plans include command-specific information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Do plans contain a clear statement of their purpose and objectives?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) Is there an assignment of responsibility commensurate with appropriate authority?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(b) Are there checklists to assist in implementing the plans?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(c) Is there a method for notifying off-duty personnel?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(d) What methods are used for acquiring necessary supplies and equipment? <b>ALTURAS AREA USES THE APPROVED PURCHASE AND REQUISITION PROCESSES INCLUDING "X" NUMBERS, CAL-CARD, AND PETTY CASH.</b>	
(3) Do the plans refer to ICS and CHP and/or command-specific forms?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are there plans for hazard-specific incidents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



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(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(h) Civil unrest.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. TRAINING</b>	<b>EVALUATED</b> YES	<b>ACTION REQUIRED</b> NO
a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**EMERGENCY INCIDENT MANAGEMENT PLANNING**  
CHP 453R (Rev. 6-06) OPI 009

(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. RELATIONSHIPS WITH ALLIED AGENCIES</b>	<b>EVALUATED</b> YES	<b>ACTION REQUIRED</b> NO
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. REPORTING PROCEDURES</b>	<b>EVALUATED</b> YES	<b>ACTION REQUIRED</b> NO
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

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(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? ☒ Yes ☐ No(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? ☒ Yes ☐ No(a) Are Hazardous material incident reports (CHP 407E) prepared? ☒ Yes ☐ No(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? ☒ Yes ☐ No**5. EMERGENCY INCIDENT RESPONSES**

EVALUATED

YES

ACTION REQUIRED

NO

CORRECTED

a. List problems Area experienced in exercising EIM. There have very been minor problems with radio communication in the past. Each

Alturas Area uniformed employee was recently assigned a hand held radio to facilitate direct allied agency communication.

(1) Has follow-up investigation been conducted to prevent recurrences of problems? ☒ Yes ☐ No(a) Is the investigation forwarded through the chain-of-command? ☒ Yes ☐ No(b) Are problems corrected and appropriate changes made to Area plans? ☒ Yes ☐ No(c) Are corrected actions taken, documented, and forwarded through the chain-of-command? ☒ Yes ☐ No(2) Have there been repeated problems with specific individuals or agencies? ☐ Yes ☒ No(a) Has the Area commander made reasonable efforts to resolve the issues? ☒ Yes ☐ No(b) If not resolved, has the Division chief been notified as required? ☒ Yes ☐ No

The Alturas Area has an outstanding working relationship with allied agencies. Area personnel actively participate in several mock emergency incidents each year involving various health, fire, and law enforcement agencies. Training is conducted and documented as required. Required reports are also completed and submitted in accordance with established policy and procedures.

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Command: Alturas (170)	Division: Northern	Chapter: 16
Inspected by: T. Dunn #10172		Date: 9/29/2009

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:  6 hours	<input type="checkbox"/> Corrective Action Plan Included  <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Northern  Due Date: 10/10/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:
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Inspector's Findings:
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None

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

Section 6(a)- CHP Communications has done extensive radio testing in the Alturas Area to identify and correct radio reception problems. Upgrading mountain top repeaters and replacing existing CHP radio equipment is scheduled to be implemented in the near future. Alturas Area requested and obtained high band handheld radios for each uniformed employee on 9/18/2009. These radios enable officers to communicate with county law enforcement, fire, OES and EMS staff at emergency incidents.

Alturas Area participates in all county and regional disaster drills and tactical training.

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

Command: <b>Alturas (170)</b>	Division: <b>Northern</b>	Chapter: <b>16</b>
Inspected by: <b>T. Dunn #10172</b>		Date: <b>9/29/2009</b>

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Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

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Command: Alturas (170)	Division: Northern	Chapter: 16
Inspected by: T. Dunn #10172		Date: 9/29/2009

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Required Action
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 9/29/2009
	INSPECTOR'S SIGNATURE 	DATE 9/29/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE

**Department of California Highway Patrol**  
**AREA MANAGEMENT EVALUATION**  
 Chapter 16  
**EMERGENCY INCIDENT MANAGEMENT PLANNING**

Area Crescent City Area	Division Northern	Number
Evaluated By D.A. Gray, Sergeant		Date 7/15/09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal	Suspense Date
Follow-up Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report by _____
Commander's Review  Date <b>7-20-09</b>	

**1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING**

Evaluated <input checked="" type="checkbox"/>	Action Required <input checked="" type="checkbox"/>	Corrected <input type="checkbox"/>
--	--	---------------------------------------

a. Are Area employees familiar with various departmental publications which provide for EIM planning?

☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1 and HPM 50.5?

☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates?

☒ Yes ☐ No

(b) Public safety agencies?

☒ Yes ☐ No

(c) Emergency service providers?

☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans?

☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions?

☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel?

☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies?

☒ Yes ☐ No

d. Have emergency incident plans been evaluated?

☒ Yes ☐ No

(1) Do plans include command-specific information?

☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives?

☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority?

☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans?

☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel?

☒ Yes ☐ No

**AREA MANAGEMENT EVALUATION**  
**Chapter 16**  
**EMERGENCY INCIDENT MANAGEMENT PLANNING**

2. TRAINING	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Is there an awareness of local training requirements?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Have required employees been trained to initiate and use ICS in emergencies?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Have managers, supervisors and OICs been trained in the use of HPG 50.3?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Is 50.3 readily available?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are managers and supervisors familiar with various ICS forms and their use?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) Are the records of required training current?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Are Area personnel trained to drive and operate departmental EIMVs?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(1) Is there a list of trained drivers/operators in the emergency plan or SOP?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Has interagency training pertaining to EIM been conducted?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Do Area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Do personnel participate in exercises with these agencies/EMS providers?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. RELATIONSHIPS WITH ALLIED AGENCIES	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Does commander regularly confer with judges, prosecutors, public defenders?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Does he/she maintain a working relationship with local sheriff's offices, police departments, state/county traffic engineers and highway department personnel?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Does he/she maintain a working relationship with County and Regional State Office of Emergency Services personnel?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the commander a member of emergency organizations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations or councils?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



AREA MANAGEMENT EVALUATION  
Chapter 16  
EMERGENCY INCIDENT MANAGEMENT PLANNING

(b) If not resolved, has the Division Chief been notified as required?

☒ Yes ☐ No

**COMMENTS**

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## AREA MANAGEMENT EVALUATION

## Chapter 16

## EMERGENCY INCIDENT MANAGEMENT PLANNING

(d) What methods are used for acquiring necessary supplies and equipment?

Supplies/Equipment are obtained through the requisition process or via credit card or "X" number.

(3) Do the plans refer to ICS and CHP and/or command-specific forms?

☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters?

☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents?

☒ Yes ☐ No

(a) Are there employee and property protection references in the command's EAP?

☒ Yes ☐ No

(b) Bomb incident procedures?

☒ Yes ☐ No

(c) Fires?

☒ Yes ☐ No

(d) Flood/dam failures?

☒ Yes ☐ No

(e) Radiation incidents?

☐ Yes ☒ No

(f) Earthquakes?

☒ Yes ☐ No

(g) Tsunamis/coastal storms?

☒ Yes ☐ No

(h) Civil unrest?

☒ Yes ☐ No

(i) Other Area-specific emergencies?

☒ Yes ☐ No

(6) Do plans have supporting annexes with the following information:

(a) Emergency Response Center Operations?

☒ Yes ☐ No

(b) Mutual aid plans and MOU's developed between Area and other emergency service providers?

☒ Yes ☐ No

(c) Procedures for deployment of, and accounting for, personnel and material resources?

☒ Yes ☐ No

(d) 72-hour self-sufficient operation?

☐ Yes ☒ No

(7) Does the need for each plan still exist?

☒ Yes ☐ No

(a) Are plans up-to-date and not in conflict with HPM 50.1 and HPM 50.5?

☒ Yes ☐ No

(b) Can plans be tested?

☒ Yes ☐ No

(c) Are they current?

☒ Yes ☐ No

(d) Do they work?

☒ Yes ☐ No

(8) Does the Area SOP contain guidelines for EIM?

☒ Yes ☐ No

(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, HPM 50.5 or local plans?

☐ Yes ☒ No

**AREA MANAGEMENT EVALUATION**  
**Chapter 18**  
**EMERGENCY INCIDENT MANAGEMENT PLANNING**

- (2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning? ☒ Yes ☐ No
- c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents? ☒ Yes ☐ No
- (1) Are those plans in accordance with HPM 50.1 and HPM 50.5? ☒ Yes ☐ No
- (2) Were the plans developed in coordination with allied agencies who have EIM responsibility? ☒ Yes ☐ No
- (3) Are existing plans current? ☒ Yes ☐ No
- (4) Do plans provide for adequate supervision? ☒ Yes ☐ No
- (5) Do plans conform to CHP policy? ☒ Yes ☐ No
- (6) Has the command developed a written EAP in accordance with HPM 50.1? ☒ Yes ☐ No

**4. REPORTING PROCEDURES**

Evaluated  
☒

Action Required  
☐

Corrected  
☐

- a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers and supervisors? ☒ Yes ☐ No
- (1) Are unusual occurrences reported per GO 100.80? ☒ Yes ☐ No
- (2) Are major state route closures reported per GO 100.46? ☒ Yes ☐ No
- (3) Hazardous material spills and releases reported per HPM 84.2? ☒ Yes ☐ No
- (a) Are Hazardous material incident reports (CHP 407E) prepared? ☒ Yes ☐ No
- (b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? ☒ Yes ☐ No

**5. EMERGENCY INCIDENT RESPONSES**

Evaluated  
☒

Action Required  
☐

Corrected  
☐

- a. List problems Area experienced in exercising EIM.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

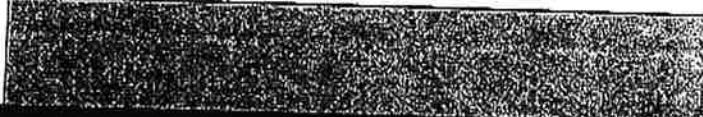

- (1) Has follow-up investigation been conducted to prevent recurrences? ☒ Yes ☐ No
- (a) Is the investigation forwarded through the chain-of-command? ☒ Yes ☐ No
- (b) Are problems corrected and appropriate changes made to Area plans? ☒ Yes ☐ No
- (c) Are corrected actions taken, documented and forwarded through the chain-of-command? ☒ Yes ☐ No
- (2) Have there been repeated problems with specific individuals or agencies? ☒ Yes ☐ No
- (a) Has the Area commander made reasonable efforts to resolve the issues? ☒ Yes ☐ No

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**COMMAND INSPECTION PROGRAM**  
**EXCEPTIONS DOCUMENT**

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Command: <b>Crescent City</b>	Division: <b>Northern</b>	Chapter: <b>16</b>
Inspected by: <b>Sgt. D. Gray</b>		Date: 7/15/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 8	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date: 9/1/2009		
Chapter Inspection: 			
Inspector's Comments Regarding Innovative Practices: None			

Command Suggestions for Statewide Improvement:  
None

Inspector's Findings:  
The Area's Emergency Incident Management Planning is current and updated on an as needed basis.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

The Area is actively involved with Del Norte County EOC and participates in local exercises.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**COMMAND INSPECTION PROGRAM**

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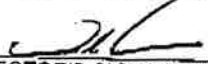
Command: Crescent City	Division: Northern	Chapter: 16
Inspected by: Sgt. D. Gray		Date: 7/15/2009

STATE OF CALIFORNIA  
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Command: <b>Crescent City</b>	Division: <b>Northern</b>	Chapter: <b>16</b>
Inspected by: <b>Sgt. D. Gray</b>		Date: 7/15/2009

**Required Action****Corrective Action Plan/Timeline**

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE <b>9-3-09</b>
<input type="checkbox"/> Reviewer discussed this report with employee	INSPECTOR'S SIGNATURE 	DATE <b>9-3-09</b>
<input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

**AREA MANAGEMENT EVALUATION**

**EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

AREA Cottonwood IF	DIVISION Northern	NUMBER 131
EVALUATED BY Zambrana/Oster		DATE 10/01/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE 10/01/2009	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Correction Report BY	COMMANDER'S REVIEW V. Zambrana, A/C #12435 DATE 10/05/2009

<b>1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING</b>	EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
--	------------------	-----------------------	------------------

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment? Inventory is evaluated on a quarterly basis. Any necessary supplies and/or equipment is acquired through our quarterly requisition order.

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(h) Civil unrest.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. TRAINING</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> Yes
a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

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(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>3. RELATIONSHIPS WITH ALLIED AGENCIES</b>	EVALUATED Yes	ACTION REQUIRED No
		CORRECTED N/A
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. REPORTING PROCEDURES</b>	EVALUATED Yes	ACTION REQUIRED No
		CORRECTED N/A
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. EMERGENCY INCIDENT RESPONSES</b>	<b>EVALUATED</b> Yes	<b>ACTION REQUIRED</b> No
		<b>CORRECTED</b> N/A
a. List problems Area experienced in exercising EIM. No problems have been identified.		
(1) Has follow-up investigation been conducted to prevent recurrences of problems?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Is the investigation forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) Are problems corrected and appropriate changes made to Area plans?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(c) Are corrected actions taken, documented, and forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Has the Area commander made reasonable efforts to resolve the issues?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b) If not resolved, has the Division chief been notified as required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Exceptions:

Section 1 - Emergency Incident Management - ACTION NOT REQUIRED - Cottonwood is not subjected to tsunamis/coastal storms.

Response guidelines are not included in our emergency incident plans.

Section 2 - Training - ACTION REQUIRED - The commander will coordinate a meeting with local public safety agencies and emergency service providers to discuss the Department's role in EIM. Additionally, a mock EIM exercise will be scheduled prior to the end of the year to ensure all personnel are adequately trained and familiar with their roles in EIM.

Section 3 - Relationships with Allied Agencies - ACTION NOT REQUIRED - The commander is not a member of any emergency organizations; nor are the sergeants.

Section 5 - Emergency Incident Responses - ACTION NOT REQUIRED - No problems have been experienced in exercising EIM. The responses to questions (1) and (2) are "no" for that reason.

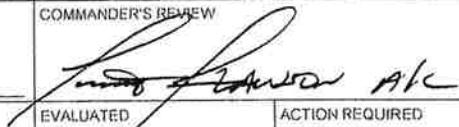
# AREA MANAGEMENT EVALUATION

## EMERGENCY INCIDENT MANAGEMENT PLANNING

CHP 453R (Rev. 6-06) OPI 009

AREA Yreka	DIVISION Northern	NUMBER 145-003-09
EVALUATED BY Sergeant Shelley Barlow		DATE 10/13/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY <input type="checkbox"/> Correction Report 	COMMANDER'S REVIEW DATE 10/13/09 CORRECTED
1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING			

a. Are Area employees familiar with various departmental publications which provide for EIM planning?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Is this philosophy conveyed to:	
(a) Subordinates.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(b) Public safety agencies.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(c) Emergency service providers.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Is an employee assigned to develop and routinely update EIM plans?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Is the employee familiar with local resources and conditions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is input obtained from uniformed and nonuniformed personnel?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is there adequate liaison with emergency response and support agencies?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Have emergency incident plans been evaluated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Do plans include command-specific information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Do plans contain a clear statement of their purpose and objectives?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) Is there an assignment of responsibility commensurate with appropriate authority?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(b) Are there checklists to assist in implementing the plans?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(c) Is there a method for notifying off-duty personnel?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(d) What methods are used for acquiring necessary supplies and equipment? Budget and Requisition Process	
(3) Do the plans refer to ICS and CHP and/or command-specific forms?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are there plans for hazard-specific incidents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Civil unrest.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. TRAINING</b>	EVALUATED S. Barlow	ACTION REQUIRED CORRECTED
a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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**AREA MANAGEMENT EVALUATION**  
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(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. RELATIONSHIPS WITH ALLIED AGENCIES</b>	EVALUATED S. Barlow	ACTION REQUIRED CORRECTED
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. REPORTING PROCEDURES</b>	EVALUATED S. Barlow	ACTION REQUIRED CORRECTED
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

5. EMERGENCY INCIDENT RESPONSES	EVALUATED	ACTION REQUIRED	CORRECTED
	S. Barlow		

a. List problems Area experienced in exercising EIM.			
(1) Has follow-up investigation been conducted to prevent recurrences of problems?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Is the investigation forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Are problems corrected and appropriate changes made to Area plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(c) Are corrected actions taken, documented, and forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(a) Has the Area commander made reasonable efforts to resolve the issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) If not resolved, has the Division chief been notified as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Comments

All emergency action plans are updated regularly and are accessible to employees.

Annual meetings are held with allied agencies to prepare for winter storm events. These meetings have resulted in very successful operations between local jurisdictions and Oregon agencies.

The proactive Yreka management has reduced the number and frequency of large scale events, ie. chain inspections. radio broadcasts. Cal-trans sign boards.

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

AREA Susanville/140	DIVISION Northern/101	NUMBER ✓
EVALUATED BY Sgt. L. Olveda		DATE 10/04/2009

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE OCT 10, 2009
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW ORSC A/c
		DATE 10/06/09

**1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING**

EVALUATED X	ACTION REQUIRED	CORRECTED
----------------	-----------------	-----------

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment?

Requisition process, maintain current on-hand supply

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

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(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Civil unrest.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**2. TRAINING**

	EVALUATED	ACTION REQUIRED	CORRECTED
	X		
a. Is there an awareness of local training requirements?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

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(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>3. RELATIONSHIPS WITH ALLIED AGENCIES</b>	EVALUATED X	ACTION REQUIRED CORRECTED
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. REPORTING PROCEDURES</b>	EVALUATED X	ACTION REQUIRED CORRECTED
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

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(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? ☒ Yes ☐ No

(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? ☒ Yes ☐ No

(a) Are Hazardous material incident reports (CHP 407E) prepared? ☒ Yes ☐ No

(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? ☒ Yes ☐ No

**5. EMERGENCY INCIDENT RESPONSES**

EVALUATED

X

ACTION REQUIRED

CORRECTED

a. List problems Area experienced in exercising EIM. Prolonged response times due to harsh inclement weather (snow, icy conditions)

which causes extremely harsh road conditions in an overall large geographical rural area.

(1) Has follow-up investigation been conducted to prevent recurrences of problems? ☒ Yes ☐ No

(a) Is the investigation forwarded through the chain-of-command? ☒ Yes ☐ No

(b) Are problems corrected and appropriate changes made to Area plans? ☒ Yes ☐ No

(c) Are corrected actions taken, documented, and forwarded through the chain-of-command? ☒ Yes ☐ No

(2) Have there been repeated problems with specific individuals or agencies? ☐ Yes ☒ No

(a) Has the Area commander made reasonable efforts to resolve the issues? ☐ Yes ☐ No

N/A

(b) If not resolved, has the Division chief been notified as required? ☐ Yes ☐ No

N/A

**AREA MANAGEMENT EVALUATION**  
**EMERGENCY INCIDENT MANAGEMENT PLANNING**  
CHP 453R (Rev. 6-06) OPI 009

AREA Ukiah	DIVISION Northern	NUMBER
EVALUATED BY Sergeant Chris Paredes, #12165		DATE 09/14/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW J.B. 10/12/09 #1222 ACTING COMMANDER
<input type="checkbox"/> Correction Report BY		DATE 9/25/09
1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING		EVALUATED ACTION REQUIRED CORRECTED

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment? Timely notification to the supervisor, who in turn,

will commit the necessary supplies and equipment based upon each particular incident. A list of Area's equipment inventory

and resources is available and secondary supplies/equipment are available through the Office of Emergency Services (OES).

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**EMERGENCY INCIDENT MANAGEMENT PLANNING**  
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(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Civil unrest.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. TRAINING</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>
a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**EMERGENCY INCIDENT MANAGEMENT PLANNING**  
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(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. RELATIONSHIPS WITH ALLIED AGENCIES</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. REPORTING PROCEDURES</b>	<b>EVALUATED</b>	<b>ACTION REQUIRED</b>
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

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(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions? ☒ Yes ☐ No(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual? ☒ Yes ☐ No(a) Are Hazardous material incident reports (CHP 407E) prepared? ☒ Yes ☐ No(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer? ☒ Yes ☐ No**5. EMERGENCY INCIDENT RESPONSES**

EVALUATED

ACTION REQUIRED

CORRECTED

a. List problems Area experienced in exercising EIM. Currently, the Ukiah Area has a very good rapport with local Government agencies.

The Ukiah Area has no specific problems from either past or recent incidents with exercising EIM.

(1) Has follow-up investigation been conducted to prevent recurrences of problems? ☒ Yes ☐ No(a) Is the investigation forwarded through the chain-of-command? ☒ Yes ☐ No(b) Are problems corrected and appropriate changes made to Area plans? ☒ Yes ☐ No(c) Are corrected actions taken, documented, and forwarded through the chain-of-command? ☒ Yes ☐ No(2) Have there been repeated problems with specific individuals or agencies? ☐ Yes ☒ No(a) Has the Area commander made reasonable efforts to resolve the issues? ☒ Yes ☐ No(b) If not resolved, has the Division chief been notified as required? ☒ Yes ☐ No

**AREA MANAGEMENT EVALUATION**  
**EMERGENCY INCIDENT MANAGEMENT PLANNING**


**1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING**

- C. The current employee assigned to develop and routinely update EIM plans is off-duty due to an illness and pending a medical retirement. The Ukiah Area will be reassigning these duties to another employee in the near future.
- D(4). Upon review of the directory information section, it was discovered that the manual contained an old listing of the California Highway Patrol Organizational Roster. The evaluator immediately replaced the roster with a current roster.
- D(5)k. The Ukiah Police Department (UPD) is responsible for and has jurisdiction over the Ukiah Municipal Airport. UPD has a policy in place to handle any incidents pertaining to the airport. UPD will request the CHP Ukiah Area for mutual assistance depending on the incident.

**Department of California Highway Patrol**  
**AREA MANAGEMENT EVALUATION**  
 Chapter 16  
 EMERGENCY INCIDENT MANAGEMENT PLANNING

Area Willows Area	Division Northern	Number 160
Evaluated By Sgt. B. Bonessa		Date 9/28/09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Informal		Suspense Date	
Follow-up Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report by _____	 Commander's Review	10/1/09 Date
<b>1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING</b>		Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>
Corrected <input type="checkbox"/>			
a. Are Area employees familiar with various departmental publications which provide for EIM planning?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1 and HPM 50.5?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(1) Is this philosophy conveyed to:			
(a) Subordinates?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(b) Public safety agencies?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(c) Emergency service providers?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. Is an employee assigned to develop and routinely update EIM plans?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(1) Is the employee familiar with local resources and conditions?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is input obtained from uniformed and nonuniformed personnel?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is there adequate liaison with emergency response and support agencies?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. Have emergency incident plans been evaluated?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(1) Do plans include command-specific information?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Do plans contain a clear statement of their purpose and objectives?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Is there an assignment of responsibility commensurate with appropriate authority?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(b) Are there checklists to assist in implementing the plans?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(c) Is there a method for notifying off-duty personnel?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



AREA MANAGEMENT EVALUATION  
Chapter 16  
EMERGENCY INCIDENT MANAGEMENT PLANNING

(d) What methods are used for acquiring necessary supplies and equipment?		
(3) Do the plans refer to ICS and CHP and/or command-specific forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are there plans for hazard-specific incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(h) Civil unrest?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1 and HPM 50.5?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, HPM 50.5 or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION  
Chapter 16  
EMERGENCY INCIDENT MANAGEMENT PLANNING

2. TRAINING	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Is there an awareness of local training requirements?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Have required employees been trained to initiate and use ICS in emergencies?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Have managers, supervisors and OICs been trained in the use of HPG 50.3?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Is 50.3 readily available?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are managers and supervisors familiar with various ICS forms and their use?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) Are the records of required training current?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Are Area personnel trained to drive and operate departmental EIMVs?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(1) Is there a list of trained drivers/operators in the emergency plan or SOP?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Has interagency training pertaining to EIM been conducted?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Do Area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Do personnel participate in exercises with these agencies/EMS providers?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. RELATIONSHIPS WITH ALLIED AGENCIES	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Does commander regularly confer with judges, prosecutors, public defenders?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Does he/she maintain a working relationship with local sheriff's offices, police departments, state/county traffic engineers and highway department personnel?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Does he/she maintain a working relationship with County and Regional State Office of Emergency Services personnel?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the commander a member of emergency organizations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations or councils?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

AREA MANAGEMENT EVALUATION  
Chapter 16  
EMERGENCY INCIDENT MANAGEMENT PLANNING

(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1 and HPM 50.5?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

<b>4. REPORTING PROCEDURES</b>	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are unusual occurrences reported per GO 100.80?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are major state route closures reported per GO 100.46?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Hazardous material spills and releases reported per HPM 84.2?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

<b>5. EMERGENCY INCIDENT RESPONSES</b>	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
--	--	---	---------------------------------------

a. List problems Area experienced in exercising EIM.

NONE IN RECENT HISTORY

(1) Has follow-up investigation been conducted to prevent recurrences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
(a) Is the investigation forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(b) Are problems corrected and appropriate changes made to Area plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(c) Are corrected actions taken, documented and forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(a) Has the Area commander made reasonable efforts to resolve the issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	N/A

AREA MANAGEMENT EVALUATION  
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(b) If not resolved, has the Division Chief been notified as required?

☐ Yes

☐ No *NA*

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**COMMENTS**

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## AREA MANAGEMENT EVALUATION

### Chapter 16

## EMERGENCY INCIDENT MANAGEMENT PLANNING

Page 6

### 1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING

1.a: Willows Area personnel review the Area Emergency Operations Plan and Emergency Action Plan yearly as part of their annual review (CHP118) process.

1.c: Willows Area Sergeant Tony Odell is the Area EIM coordinator and responsible for development and updating of EIM plans.

1.d: EIM plans are evaluated annually by both the Area commander and EIM coordinator.

1.d.(2).(a): Area responsibilities and authority are established and contained in the Area's Emergency Operations Plan (chapter one) and Emergency Action Plan per guidelines established in HPM 50.1, Emergency Management Planning and Operations Manual.

1.d.(2).(b): Use of ICS (Incident Command System) forms (CHP 701 through 710) are utilized to assist with planning, operations and after action reporting.

1.d.(2).(d): If circumstances exceed Area's inventory of supplies and equipment, a request for additional resources would be made through Northern Division.

1.d.(5): The Willows Area Emergency Operations Plan contains 16 individual chapters addressing hazard specific plans.

1.d.(5)(i): The Willows Area Emergency Operations Plan also contains a Disaster Plan submitted by Thunderhill Park (Raceway) in the event of a catastrophic event such as race car vs. multiple spectator or multi injury on-track collision.

1.d.(8): Guidelines for EIM are contained in the Willows Area SOP, Chapter 3.6.

### 2. TRAINING

2.b.: Officers receive FRO (First Responder Operational) training and Area management and supervisors receive HMIC (Hazardous Materials Incident Command) training. Each course of training utilizes the ICS (Incident Command System) of organization.

2.d.: Glenn County conducts disaster preparedness events annually, which is attended by Willows Area personnel for the purpose of training.

### **3. RELATIONSHIPS WITH ALLIED AGENCIES**

3.a.(2): Glenn County Sheriff's Lieutenant Phil Revolinski is the local Office of Emergency Services coordinator.

3.b.(1): Willows Area Sergeant Odell is actively involved in several emergency related committees with allied agencies, including the operations team for the Labor Day Flotilla on the Sacramento River and planning for the annual Glenn County Fair.

3.b.(2): As mentioned in section 3.b.(1), two major events occur in Glenn County annually which require mutual aid assistance and pre-planning. In addition to those two events, emergency meetings with allied agencies are called as needed for disasters that are occurring or are about to occur, such as fires, flooding, civil disturbance or other weather related disasters.

### **4. REPORTING PROCEDURES**

4.a.(2): All incidents affecting traffic flow on state routes, such as prolonged roadway/lane closures or adverse weather conditions, are reported to the Transportation Management Center located in Sacramento.

4.a.(3)(b): Proposition 65 letters are sent in all documented hazardous material incidents to the Glenn County Board of Supervisors and Glenn County Health Department.

### **5. EMERGENCY INCIDENT RESPONSES (Past Problems)**

5.a: No recent incidents.

## Memorandum

Date: October 1, 2009

To: Northern Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**  
Willows Area

File No.: 160.13043

Subject: 2009 THIRD QUARTER CHAPTER INSPECTION

Please find attached the third quarter chapter inspection (Chapter 16) for the Willows Area. If you have any questions regarding this, please contact myself or Sergeant Brian Bonessa at (530) 934-5424.

  
M. W. MULGREW, Lieutenant  
Commander

Attachments


*Safety, Service, and Security*

**AREA MANAGEMENT EVALUATION  
EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

AREA MOUNT SHASTA	DIVISION NORTHERN	NUMBER 146
EVALUATED BY LIEUTENANT J. R. LEE		DATE 09/23/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 09/23/2009
<b>1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING</b>		EVALUATED X

a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No

b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No

(1) Is this philosophy conveyed to:

(a) Subordinates. ☒ Yes ☐ No

(b) Public safety agencies. ☒ Yes ☐ No

(c) Emergency service providers. ☒ Yes ☐ No

c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No

(1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No

(2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No

(3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No

d. Have emergency incident plans been evaluated? ☒ Yes ☐ No

(1) Do plans include command-specific information? ☒ Yes ☐ No

(2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No

(a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No

(b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No

(c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No

(d) What methods are used for acquiring necessary supplies and equipment?

\*\* All purchases are pre approved by Division prior to any monies being spent. \*\*

(3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No

(4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No

(5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No



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**AREA MANAGEMENT EVALUATION**  
**EMERGENCY INCIDENT MANAGEMENT PLANNING**  
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(a) Are there employee and property protection references in the command's EAP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Bomb incident procedures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Fires.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Flood/dam failures.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Radiation incidents.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Earthquakes.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Tsunamis/coastal storms.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Civil unrest.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Other Area-specific emergencies.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(j) Terrorist attacks on probable targets within an Area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do plans have supporting annexes with the following information:		
(a) Emergency Response Center Operations.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Procedures for deployment of, and accounting for, personnel and material resources.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) 72-hour self-sufficient operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Does the need for each plan still exists?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Can plans be tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are they current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do they work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Does the Area SOP contain guidelines for EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. TRAINING</b>	EVALUATED X	ACTION REQUIRED CORRECTED
a. Is there an awareness of local training requirements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have other Area employees received familiarization training in ICS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is HPG 50.3, Emergency Incident Guide, readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AREA MANAGEMENT EVALUATION**  
**EMERGENCY INCIDENT MANAGEMENT PLANNING**  
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(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. RELATIONSHIPS WITH ALLIED AGENCIES</b>	EVALUATED X	ACTION REQUIRED CORRECTED
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. REPORTING PROCEDURES</b>	EVALUATED X	ACTION REQUIRED CORRECTED
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. EMERGENCY INCIDENT RESPONSES</b>	EVALUATED X	ACTION REQUIRED CORRECTED

a. List problems Area experienced in exercising EIM.

No issues have occurred in this command.

(1) Has follow-up investigation been conducted to prevent recurrences of problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the investigation forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are problems corrected and appropriate changes made to Area plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are corrected actions taken, documented, and forwarded through the chain-of-command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Has the Area commander made reasonable efforts to resolve the issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If not resolved, has the Division chief been notified as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Mount Shasta Area is a fairly small command. Staff continually discuss Emergency Incident Response Issues and what resources are available from allied agencies.

STATE OF CALIFORNIA

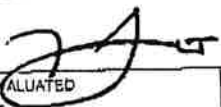
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

AREA	DIVISION	NUMBER
Redding	Northern	135
EVALUATED BY	DATE	
Lieutenant T. Garr, #13312	08/17/2009	

**INSTRUCTIONS:** Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Correction Report BY November 15, 2009	COMMANDER'S REVIEW  DATE 08/21/2009
1. EMERGENCY INCIDENT MANAGEMENT (EIM) PLANNING		EVALUATED Yes
		ACTION REQUIRED Yes
		CORRECTED

- a. Are Area employees familiar with various departmental publications which provide for EIM planning? ☒ Yes ☐ No
- b. Does the Area commander have a clear understanding of the Department's philosophy and policy for EIM as outlined in HPM 50.1, Emergency Incident Management Planning Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual? ☒ Yes ☐ No
- (1) Is this philosophy conveyed to:
- (a) Subordinates. ☒ Yes ☐ No
- (b) Public safety agencies. ☒ Yes ☐ No
- (c) Emergency service providers. ☒ Yes ☐ No
- c. Is an employee assigned to develop and routinely update EIM plans? ☒ Yes ☐ No
- (1) Is the employee familiar with local resources and conditions? ☒ Yes ☐ No
- (2) Is input obtained from uniformed and nonuniformed personnel? ☒ Yes ☐ No
- (3) Is there adequate liaison with emergency response and support agencies? ☒ Yes ☐ No
- d. Have emergency incident plans been evaluated? ☒ Yes ☐ No
- (1) Do plans include command-specific information? ☒ Yes ☐ No
- (2) Do plans contain a clear statement of their purpose and objectives? ☒ Yes ☐ No
- (a) Is there an assignment of responsibility commensurate with appropriate authority? ☒ Yes ☐ No
- (b) Are there checklists to assist in implementing the plans? ☒ Yes ☐ No
- (c) Is there a method for notifying off-duty personnel? ☒ Yes ☐ No
- (d) What methods are used for acquiring necessary supplies and equipment? Area maintains an inventory of essential supplies through the quarterly requisition process. Additionally, Area has established a good working relationship with the Shasta County Sheriff's Department, Office of Emergency Services, liaison.
- (3) Do the plans refer to ICS and CHP and/or command-specific forms? ☒ Yes ☐ No
- (4) Do the plans have information regarding communication and coordination with other Areas, allied agencies, Division and headquarters? ☒ Yes ☐ No
- (5) Are there plans for hazard-specific incidents? ☒ Yes ☐ No

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-08) OPI 009

(a) Are there employee and property protection references in the command's EAP?

☒ Yes ☐ No

(b) Bomb incident procedures.

☒ Yes ☐ No

(c) Fires.

☒ Yes ☐ No

(d) Flood/dam failures.

☒ Yes ☐ No

(e) Radiation incidents.

☐ Yes ☒ No

(f) Earthquakes.

☒ Yes ☐ No

(g) Tsunamis/coastal storms.

☐ Yes ☒ No

(h) Civil unrest.

☒ Yes ☐ No

(i) Other Area-specific emergencies.

☒ Yes ☐ No

(j) Terrorist attacks on probable targets within an Area.

☐ Yes ☒ No

(k) For Areas with airports, an EOP for airliner crash, fire, and other emergency procedures is required.

☒ Yes ☐ No

(6) Do plans have supporting annexes with the following information:

(a) Emergency Response Center Operations.

☒ Yes ☐ No

(b) Mutual aid plans and MOU's developed between Area and other emergency service providers.

☒ Yes ☐ No

(c) Procedures for deployment of, and accounting for, personnel and material resources.

☒ Yes ☐ No

(d) 72-hour self-sufficient operation.

☒ Yes ☐ No

(7) Does the need for each plan still exist?

☒ Yes ☐ No

(a) Are plans up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?

☒ Yes ☐ No

(b) Can plans be tested?

☒ Yes ☐ No

(c) Are they current?

☒ Yes ☐ No

(d) Do they work?

☒ Yes ☐ No

(8) Does the Area SOP contain guidelines for EIM?

☐ Yes ☒ No

(a) Is that portion of the SOP up-to-date and not in conflict with HPM 50.1, Emergency Incident Management Planning and Operations Manual, HPM 50.5, Civil Disturbance Planning and Operations Manual, or local plans?

☐ Yes ☒ No**2. TRAINING**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

N/A

a. Is there an awareness of local training requirements?

☒ Yes ☐ No

b. Have required employees been trained to initiate, maintain and use ICS in Area emergencies?

☒ Yes ☐ No

(1) Have other Area employees received familiarization training in ICS?

☒ Yes ☐ No

(2) Do Area personnel understand their responsibilities as incident commanders and their role in mission acceptance?

☒ Yes ☐ No

(3) Have managers, supervisors, and OICs been trained in the use of HPG 50.3, Emergency Incident Guide?

☒ Yes ☐ No

(4) Is HPG 50.3, Emergency Incident Guide, readily available?

☒ Yes ☐ No

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STATE OF CALIFORNIA

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**AREA MANAGEMENT EVALUATION****EMERGENCY INCIDENT MANAGEMENT PLANNING**

CHP 453R (Rev. 6-06) OPI 009

(5) Are managers and supervisors familiar with various ICS forms and their use?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the Area have a roster of employees who have received specialized training or possess special emergency-related skills?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have employees been provided with annual training in hazardous materials required by HPM 70.13, Departmental Training Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are the records of required training current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has interagency training pertaining to EIM been conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Do area personnel attend and participate in meetings of public safety agencies and emergency service providers to explain the Department's role in EIM?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have public safety agencies and emergency service providers attended Area training to discuss their role?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do Area personnel participate in exercises with these agencies and EMS providers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are exercise critiques conducted and feedback given to all participants?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. RELATIONSHIPS WITH ALLIED AGENCIES</b>	EVALUATED Yes	ACTION REQUIRED No CORRECTED N/A
a. Does the commander maintain a working relationship with personnel from local sheriff's offices, police departments, state and county traffic engineers and highway department personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does he/she maintain a working relationship with county and regional state Office of Emergency Services personnel?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the commander a member of emergency organizations?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Does the commander encourage Area lieutenants and supervisors to establish good working relationships with their counterparts in allied agencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are lieutenants and sergeants members of emergency-related committees, organizations, or councils?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Have Area personnel met with allied agency personnel to conduct mutual aid contingency planning?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Has the command developed written emergency incident plans to provide for effective use of departmental personnel and material resources in multi-agency responses to emergency incidents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are those plans in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual, and HPM 50.5, Civil Disturbance Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Were the plans developed in coordination with allied agencies who have EIM responsibility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are existing plans current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do plans provide for adequate supervision?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do plans conform to CHP policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the command developed a written EAP in accordance with HPM 50.1, Emergency Incident Management Planning and Operations Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. REPORTING PROCEDURES</b>	EVALUATED Yes	ACTION REQUIRED No CORRECTED N/A
a. Are reporting and documentation requirements for emergency incidents understood by the Area commander, managers, and supervisors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are unusual occurrences reported per GO 100.80, Report of Unusual Occurrence?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Destroy Previous Editions

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(2) Are major state route closures reported per GO 100.46, Reporting of Highway Conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Hazardous material spills and releases reported per HPM 84.2, Hazardous Materials Transportation and Incident Management Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Are Hazardous material incident reports (CHP 407E) prepared?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are there written procedures for reporting spills, releases, and dumping of hazardous material to the County Board of Supervisors and the County Health Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**5. EMERGENCY INCIDENT RESPONSES**EVALUATED  
YesACTION REQUIRED  
NoCORRECTED  
N/A

a. List problems Area experienced in exercising EIM. None.

(1) Has follow-up investigation been conducted to prevent recurrences of problems?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Is the investigation forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Are problems corrected and appropriate changes made to Area plans?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Are corrected actions taken, documented, and forwarded through the chain-of-command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Have there been repeated problems with specific individuals or agencies?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(a) Has the Area commander made reasonable efforts to resolve the issues?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If not resolved, has the Division chief been notified as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

## STATE OF CALIFORNIA

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
AREA MANAGEMENT EVALUATION SUPPLEMENT

CHP 454 (Rev. 5-06) OPI 009

DATE:

**SUBJECT:**

## COMMENTS

## SECTIONS

CHP 453R, 1 d. (5) (c)

Area Emergency Incident Management Planning (EIM) does not contain specific guidance for radiation incidents. Area will revise the EIM to include such guidance.

CHP 453R, 1 d. (5) (g)

Area is located approximately 150 miles inland from the Pacific Ocean. A coastal storm and/or tsunami would have minimal impact on Area operations other than a mutual aid response which is addressed in the EIM.

CHP 453R, 1 d. (5) (j)

Area Emergency Incident Management Planning (EIM) does not contain specific guidance for terrorist incidents. Arca will revise the EIM to include such guidance.

CHP 453R, 1 d. (8)

Area Standard Operating Procedure (SOP) does not contain specific guidance related to EIM. Area will include such guidance upon the next revision of the SOP.